

## Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]  
10535 HOSPITAL WAY MATHER, CA 95655-4200

## SCL1 - PSA

Collection DT	Spec	Lab	PSA
07/25/2019 10:35	SERUM	[634]	1.04
08/06/2015 13:38	SERUM	[634]	0.79
07/16/2014 11:17	SERUM	[634]	0.68
05/13/2010 11:26	SERUM	[634]	0.69

## Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]  
10535 HOSPITAL WAY MATHER, CA 95655-4200

## SCLU - TSH

Collection DT	Spec	Lab	Tsh
08/20/2020 10:35	SERUM	[634]	3.51
07/25/2019 10:35	SERUM	[634]	2.64

## Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]  
10535 HOSPITAL WAY MATHER, CA 95655-4200

## A/p:

1. L knee pain s/p 3 surgeries, pain is now worsening, pt is SC for this.  
-update xray, then refer to ortho for further eval/treatmentn as ongoing issue for years and worsening  
-NSAID PRN, use sparingly to avoid HTN  
-diclofenac gel PRN  
-will bring FMLA paperwork to appt with RNCM to fill out
2. Cough: likely PND, encourage hydration and flonase PRN
3. Cramp in extremities: likely related to dehydration, also a pilot  
-encourage water hydration, pt agrees with plan  
-check CMP
4. L cataract: will f/u with eye clinic
5. Elevated BP w/o HTN: advise to rest 10-15 min before checking BP, and will make log this week. F/u with RNCM in 1 week f2f for repeat BP check and will eval if HTN med needed.  
-foods to avoid discussed, as well as use NSAID sparingly  
-likely stress induced

## HCM:

Colon Ca screening: last Cscope done 2011 and wnl, will order FIT test now  
Labs pending  
Immunizations: refused flu and covid booster

will make f2f with RN CM for BP check and drop off paperwork.

Telephone time 20 min

Clinical Reminders:

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=2).

1. How often did you have a drink containing alcohol in the past year?

Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

One or two drinks

3. How often did you have six or more drinks on one occasion in the past year?

Never

Tobacco Use Screening:

The patient has never used tobacco.

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Colonoscopy GAP Reminder:

Recommendations are needed in the clinical reminder system following the patient's most recent colorectal cancer screening/surveillance test (Colonoscopy, Sigmoidoscopy or CT Colonography)

Screening is due now. A FOBT/FIT (Fecal Immunochemical Testing) has been ordered and average risk CRC screening set to annual screening. See order tab for order details.

/es/ Kamalpreet Dulai, MD  
Physician, Primary Care

Signed: 12/02/2021 11:05

12/02/2021 ADDENDUM STATUS: COMPLETED

MSA, Please make f2f with RN CM next week.

RNCM, pt will be dropping off FMLA paperwork, he will also need his BP checked.

I have ordered labs for him to complete that day. thanks.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 12/02/2021 11:07

Receipt Acknowledged By:

12/09/2021 13:17 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

12/08/2021 14:15 /es/ MONICA MARIE MASER

12/06/2021 ADDENDUM STATUS: COMPLETED

msa cld # [REDACTED] left mssg for pt-to call 8003 to schedule appt for this week with the RN care manager-

/es/ MONICA MARIE MASER

Signed: 12/06/2021 15:57

12/09/2021 ADDENDUM STATUS: COMPLETED

Please let pt know B12 very low, i mailed out B12 500mcg dially.

Vitamin D very low, i mailed out 4000iu daily x 1 month, then 2000 iu daily thereafter.

A1c in PreDm range, continue with low glycemic foods

LDL not at goal, rec we watch diet, if he needs diet consult, we can place and reassess in 6months and if still elevated, rec statin therapy.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 12/09/2021 09:14

Receipt Acknowledged By:

12/09/2021 13:18 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

12/09/2021 ADDENDUM STATUS: COMPLETED

FMLA paperwork completed and handed to RNCM.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 12/09/2021 10:19

Receipt Acknowledged By:

12/09/2021 13:18 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

<b>Date/Time:</b>	02 Dec 2021 @ 0950
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	BELANTES,GREG CASTRO
<b>Co-signed By:</b>	BELANTES,GREG CASTRO
<b>Date/Time Signed:</b>	02 Dec 2021 @ 0954

**Note**

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 02, 2021@09:50:06 ENTRY DATE: DEC 02, 2021@09:54:05

AUTHOR: BELANTES,GREG CASTR EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Type of call: CALL BACK.

Contact Phone Number: 9162842402

Patient's Email Address: 1RROSS@COMCAST.NET

The following identifiers were used to verify this patient: DOB. SSN.

Caller Area: MCCLELLAN

**Comments:**

Pt has family leave paperwork that he needs signed by PCP. Pt wants to know if possible he can send it to PCP via email. Pt has TAP 120221 @ 10:30.

Pt can be reached: 916.284.2402.

Chief Complaint: Not applicable to call.

Caller Response: \*OTHER

Author: BELANTES,GREG CASTRO

Class Code: Other specified counseling.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 12/02/2021 @ 9:50:06 AM

Ending at: 12/02/2021 @ 9:52:27 AM

Length: 2 minutes.

/es/ GREG CASTRO BELANTES

Medical Support Assistant

Signed: 12/02/2021 09:54

Receipt Acknowledged By:

12/02/2021 10:34 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

12/03/2021 14:55 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

<b>Date/Time:</b>	24 Sep 2021 @ 1330
<b>Note Title:</b>	Report of Contact
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	GREEN,ALMITA CAREN
<b>Co-signed By:</b>	GREEN,ALMITA CAREN
<b>Date/Time Signed:</b>	24 Sep 2021 @ 1332

#### Note

LOCAL TITLE: Report of Contact

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: SEP 24, 2021@13:30 ENTRY DATE: SEP 24, 2021@13:30:37

AUTHOR: GREEN,ALMITA CAREN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called pt. and lvm to call central appt. number and sched. appt. with PCP.

/es/ ALMITA CAREN GREEN

ADVANCED MSA

Signed: 09/24/2021 13:32

<b>Date/Time:</b>	24 Sep 2021 @ 1001
<b>Note Title:</b>	Care Management Nursing Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	JONES,SHEARON
<b>Co-signed By:</b>	JONES,SHEARON
<b>Date/Time Signed:</b>	24 Sep 2021 @ 1006

#### Note

LOCAL TITLE: Care Management Nursing Note

STANDARD TITLE: CARE MANAGEMENT NURSING NOTE

DATE OF NOTE: SEP 24, 2021@10:01 ENTRY DATE: SEP 24, 2021@10:01:41

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called patient and he was identified using 2/3 patient identifiers (full name, full soc sec number, birth date).

## COVID-19 Telephone Follow-Up

Patient notified of negative COVID-19 test result.

## Recommendations:

- Minimize contact with others until 24 hours after symptoms resolve.

## Steps to prevent the spread of COVID-19:

- Stay at home except to get medical care that cannot be provided by a telephone or video visit.
- Get rest and stay hydrated.
- Call ahead before visiting your doctor.
- Wear a facemask if you are around others.
- Cover your coughs and sneezes.
- Clean your hands often.
- Keep a six-foot distance from others in your home, ideally in a separate room. Isolate in a private room, if available.
- Avoid sharing household items.
- Disinfect high touch surfaces daily, ideally with a product that kills cold and flu viruses.

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 09/24/2021 10:06

## Receipt Acknowledged By:

09/24/2021 10:58 /es/ Kamalpreet Dulai, MD  
Physician, Primary Care

<b>Date/Time:</b>	24 Sep 2021 @ 0944
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	ROUNDTREE,CARLA NICOLE
<b>Co-signed By:</b>	ROUNDTREE,CARLA NICOLE
<b>Date/Time Signed:</b>	24 Sep 2021 @ 0945

## Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 24, 2021@09:44:45 ENTRY DATE: SEP 24, 2021@09:45:32

AUTHOR: ROUNDTREE,CARLA NIC EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: \*OTHER

Type of call: CALL BACK.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

pt called he would like to speak with you he can be reached ( ) Thank  
you-cr

Author: ROUNDTREE,CARLA NICOLE

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 09/24/2021 @ 9:44:45 AM

Ending at: 09/24/2021 @ 9:45:12 AM

Length: 0 minutes.

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ ROUNDTREE,CARLA NICOLE

Signed: 09/24/2021 09:45

Receipt Acknowledged By:

09/24/2021 09:56 /es/ Kamalpreet Dulai, MD  
Physician, Primary Care

09/24/2021 10:40 /es/ Shearon Jones, RN  
Nursing Service, Case Manager, Primary Care

09/24/2021 ADDENDUM STATUS: COMPLETED  
please follow up, thanks.

/es/ Kamalpreet Dulai, MD  
Physician, Primary Care  
Signed: 09/24/2021 09:56

Receipt Acknowledged By:

09/24/2021 10:41 /es/ Shearon Jones, RN  
Nursing Service, Case Manager, Primary Care

**Date/Time:** 24 Sep 2021 @ 0802

**Note Title:** Care Management Nursing Note

**Location:** No CA Healthcare Sys-Martinez

<b>Signed By:</b>	JONES,SHEARON
<b>Co-signed By:</b>	JONES,SHEARON
<b>Date/Time Signed:</b>	24 Sep 2021 @ 0803
<b>Note</b>	
<p>LOCAL TITLE: Care Management Nursing Note STANDARD TITLE: CARE MANAGEMENT NURSING NOTE DATE OF NOTE: SEP 24, 2021@08:02 ENTRY DATE: SEP 24, 2021@08:03:02 AUTHOR: JONES,SHEARON EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>COVID-19 Telephone Follow-Up Unable to reach patient. Left message to call back.</p> <p>/es/ Shearon Jones, RN Nursing Service, Case Manager, Primary Care Signed: 09/24/2021 08:03</p>	

<b>Date/Time:</b>	23 Sep 2021 @ 1031
<b>Note Title:</b>	Screening Covid
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	YARMOLA,ULYANA
<b>Co-signed By:</b>	YARMOLA,ULYANA
<b>Date/Time Signed:</b>	23 Sep 2021 @ 1033
<b>Note</b>	
<p>LOCAL TITLE: Screening Covid STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT DATE OF NOTE: SEP 23, 2021@10:31 ENTRY DATE: SEP 23, 2021@10:31:42 AUTHOR: YARMOLA,ULYANA EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>*** Screening Covid Has ADDENDA ***</p> <p>Coronavirus Disease 2019 (COVID-19) Screen The patient was asked if in the last 14 days they have had new onset of any COVID-19 symptoms. They report the following: Cough Sore throat The patient reports close exposure (within 6 feet for more than 15 minutes) to someone with a febrile/respiratory illness within the last 14 days.</p> <p>Result: Patient has a positive symptom or exposure and requires further evaluation.</p>	



**COVID-19 Swab Testing**

Swab completed for Covid-19

CDC Person Under Investigation (PUI) form completed and to lab w/specimen

Symptoms: cough, sore throat

Plan: Discharged Home for Self-Quarantine, Post Swab Instructions Reviewed,  
Home Care Instructions Reviewed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for  
any future routine issues/concerns. Veteran/caregiver advised to call 911 for  
any potentially life threatening problems/conditions.

/es/ Ulyana Yarmola, RN, BSN

Nurse, COVID Vacc/Swab, PACT/SAC

Signed: 09/23/2021 10:33

09/24/2021 ADDENDUM STATUS: COMPLETED

Please let pt know covid test is negative.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 09/24/2021 07:57

Receipt Acknowledged By:

09/24/2021 10:40 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

**Date/Time:** 23 Sep 2021 @ 0950**Note Title:** Medical Clerk Note**Location:** No CA Healthcare Sys-Martinez**Signed By:** GREEN,ALMITA CAREN**Co-signed By:** GREEN,ALMITA CAREN**Date/Time Signed:** 23 Sep 2021 @ 0951**Note**

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: SEP 23, 2021@09:50 ENTRY DATE: SEP 23, 2021@09:50:32

AUTHOR: GREEN,ALMITA CAREN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Walk in visit

MSA Same Day Care: Unscheduled Visit

From: Walk-In

Visit

Reason: Health Concern pid 09.23.2021, COVID test, PUI, cough & sore  
throat

Disposition

To: Nurse

/es/ ALMITA CAREN GREEN

ADVANCED MSA

Signed: 09/23/2021 09:51

<b>Date/Time:</b>	22 Sep 2021 @ 1625
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	LEITNAKER,KAREN MARIE
<b>Co-signed By:</b>	LEITNAKER,KAREN MARIE
<b>Date/Time Signed:</b>	22 Sep 2021 @ 1645

### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: SEP 22, 2021@16:25:54 ENTRY DATE: SEP 22, 2021@16:45:35

AUTHOR: LEITNAKER,KAREN MAR EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: \*OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN. Other: full name.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

### Comments:

MSA/Clerk comments: Pt reports lethargy, congestion, runny nose, productive cough x1 week. Best number: [REDACTED]

### Nurse Notes:

Clinical Contact/Call Center COVID 19 SCREEN UPDATE\_2\_0\_200, April 2021 Screen version 7.1

Record the patient's responses to the following questions: (check all that apply, or None at the end)

In the last 14 days have you had new onset of any of the following symptoms?

a. Chills:

☐ Yes

☒ No

Comment(s):

b. Cough:

☒ Yes

☐ No

Comment(s):

c. Diarrhea:

☐ Yes

☒ No

Comment(s):

d. Fatigue:

☒ Yes

☐ No

Comment(s):

e. Fever:

☐ Yes

☒ No

Comment(s):

f. Headache:

☒ Yes

☐ No

Comment(s):

g. Loss of taste or smell:

☐ Yes

☒ No

Comment(s):

h. Muscle pain (Myalgias):

☒ Yes

☐ No

Comment(s):

i. Nausea:

☐ Yes

☒ No

Comment(s):

j. Runny nose (Rhinorrhea):

☒ Yes

☐ No

Comment(s):

k. Shortness of breath (Dyspnea):

☒ Yes

☐ No

Comment(s):

l. Sore throat:

☒ Yes

☐ No

Comment(s):

m. Vomiting:

☐ Yes

☒ No

Comment(s):

No Symptoms ()

Within the last 14 days, have you had:

Close exposure (within 6 feet for more than 15 minutes) to someone with a febrile/respiratory illness

☐ Yes

Comment(s):

Close exposure (within 6 feet for more than 15 minutes) to someone with known or suspected case of COVID-19

☐ Yes

Comment(s):

No known exposure (X)

Veteran declined triage, requested COVID test d/t cold/flu like symptoms. Denied respiratory distress and chest pain. Covid screen performed and Veteran is a PUI, Covid swab ordered per protocol. Veteran agrees to report to McClellan VA Clinic to get a Covid Test. Provided education, home care and warning signs. Advised to call Vets Connect 1-800-382-8387 if symptoms worsen or for any additional questions or concerns. Veteran verbalized understanding. Will forward note to Provider/PACT.

Any symptom or exposure equal to positive screen:

Patient has a POSITIVE symptom or exposure and requires further evaluation

Nurse/Provider/Other notified (X) Yes

Comments(s):

Screen is negative ()

\*\*\*\*\*

Patient is waiting on COVID-19 test results:

☐ Yes

☒ No

Comment(s):

Patient reports prior COVID-19 Diagnosis:

☐ Yes

☒ No

Comment(s):

Author: LEITNAKER,KAREN MARIE

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: SEP 22, 2021 @ 16:21 (Call was suspended)

- GLATT,MARY E SEP 22, 2021@16:21:58 - SEP 22, 2021@16:24:46

Ending at: 09/22/2021 @ 4:38:30 PM

Length: 15 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ Karen Marie Leitnaker, RN

Telephone Advice Nurse

Signed: 09/22/2021 16:45

Receipt Acknowledged By:

09/23/2021 08:05 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

<b>Date/Time:</b>	15 Jun 2021 @ 0935
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	DHILLON,RAVNEET KAUR
<b>Co-signed By:</b>	DHILLON,RAVNEET KAUR
<b>Date/Time Signed:</b>	15 Jun 2021 @ 0937

#### Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: JUN 15, 2021@09:35 ENTRY DATE: JUN 15, 2021@09:35:53

AUTHOR: DHILLON,RAVNEET KAU EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Documenting COVID Vaccine information from CAIR2 database

Moderna COVID-19 Vaccine given previously

Patient received a prior dose of the Moderna COVID-19 Vaccine.

Date: February 27, 2021

Location: EL DORADO PUBLIC HEALTH DEPARTMENT PLACERVILLE

Patient received a prior dose of the Moderna COVID-19 Vaccine.

Date: March 27, 2021

Location: El Dorado County Emergency Medical Services Agency

/es/ RAVNEET KAUR DHILLON

Advanced Medical Support Assistant

Signed: 06/15/2021 09:37

<b>Date/Time:</b>	29 Apr 2021 @ 1119
<b>Note Title:</b>	Primary Care Telephone Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	DULAI,KAMALPREET

<b>Co-signed By:</b>	DULAI,KAMALPREET
<b>Date/Time Signed:</b>	29 Apr 2021 @ 1120
<b>Note</b>	
<p>LOCAL TITLE: Primary Care Telephone Note  STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE  DATE OF NOTE: APR 29, 2021@11:19 ENTRY DATE: APR 29, 2021@11:19:37  AUTHOR: DULAI,KAMALPREET EXP COSIGNER:  URGENCY: STATUS: COMPLETED</p> <p>COVID-19 Telephone Follow-Up  Patient notified of negative COVID-19 test result.  Recommendations:  - Minimize contact with others until 24 hours after symptoms resolve.  Steps to prevent the spread of COVID-19:  - Stay at home except to get medical care that cannot be provided by a telephone or video visit.  - Get rest and stay hydrated.  - Call ahead before visiting your doctor.  - Wear a facemask if you are around others.  - Cover your coughs and sneezes.  - Clean your hands often.  - Keep a six-foot distance from others in your home, ideally in a separate room. Isolate in a private room, if available.  - Avoid sharing household items.  - Disinfect high touch surfaces daily, ideally with a product that kills cold and flu viruses.</p> <p>Work letter written to return to work with no restrictions.</p> <p>/es/ Kamalpreet Dulai, MD  Physician, Primary Care  Signed: 04/29/2021 11:20</p>	

<b>Date/Time:</b>	28 Apr 2021 @ 1000
<b>Note Title:</b>	Screening Covid
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	INTAGLIATA,MARGARET JOAN
<b>Co-signed By:</b>	INTAGLIATA,MARGARET JOAN
<b>Date/Time Signed:</b>	28 Apr 2021 @ 1003
<b>Note</b>	
<p>LOCAL TITLE: Screening Covid  STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT</p>	

DATE OF NOTE: APR 28, 2021@10:00 ENTRY DATE: APR 28, 2021@10:00:38

AUTHOR: INTAGLIATA,MARGARET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

#### Coronavirus Disease 2019 (COVID-19) Screen

The patient was asked if in the last 14 days they have had new onset of any COVID-19 symptoms. They report the following:

No symptoms

The patient reports close exposure (within 6 feet for more than 15 minutes) to someone with known or suspected case of COVID-19 in the last 14 days.

#### Result:

Patient has a positive symptom or exposure and requires further evaluation.

#### COVID-19 Secondary Screening

##### Temperature

96.8 F (36 C)

##### Pulse

69

##### Pulse Oximetry 98 Room Air

The patient has the following previously known conditions which may mimic COVID-19 symptoms:

None

#### Plan:

Home Care Instructions Reviewed, Report to testing center for swabbing swabbed for Covid -19 positive exposure. Veteran is asymptomatic

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

/es/ MARGARET JOAN INTAGLIATA

Nursing Service, Diabetes Educator, Primary Care

Signed: 04/28/2021 10:03

#### Receipt Acknowledged By:

04/28/2021 10:24 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

04/28/2021 15:00 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

<b>Date/Time:</b>	28 Apr 2021 @ 0936
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	HELFRICK,MARY LIN
<b>Co-signed By:</b>	HELFRICK,MARY LIN
<b>Date/Time Signed:</b>	28 Apr 2021 @ 0938
<b>Note</b>	

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: APR 28, 2021@09:36 ENTRY DATE: APR 28, 2021@09:36:57

AUTHOR: HELFRICK,MARY LIN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Walk in visit

MSA Same Day Care: Unscheduled Visit

From: Walk-In

Visit

Reason: Health Concern pt had direct contact w/positive person 04/21

Disposition

To: Nurse

/es/ MARY LIN HELFRICK

Signed: 04/28/2021 09:38

<b>Date/Time:</b>	23 Apr 2021 @ 1546
<b>Note Title:</b>	Primary Care Telephone Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	DULAI,KAMALPREET
<b>Co-signed By:</b>	DULAI,KAMALPREET
<b>Date/Time Signed:</b>	23 Apr 2021 @ 1555

#### Note

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 23, 2021@15:46 ENTRY DATE: APR 23, 2021@15:46:56

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Pt called for TAP today. Pt states his daughter has to quarantine until 5/1 due

to COVID+ contact at school, therefore he and the rest of the family will also quarantine. He denies any symptoms, neither does the family. No SOB, fevers, ab

pain, diarrhea, loss of taste/smell, fatigue, body aches. He would like to get testing done on 4/26 and if neg, safely go back to work. He works for the airlines.

He also has pain in thumb, states he picked at a hang nail. Now is red and swollen on side, no pus. Has been bleeding as well.

A/P:



1. PUI: asymptomatic, however COVID + contact by daughter at school, who was asked to quarantine, therefore whole family is going to quarantine until 5/1.  
-work letter given to quarantine until 5/1, however will test on 4/26 and if negative, can safely go to work.

2. Paronychia: likely from hangnail.

-warm water soaks, slow massage, and use OTC bacitracin x 1 week. If not improving, may need oral antibiotics. Pt agrees with plan.

Telephone time 15 minutes

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 04/23/2021 15:55

<b>Date/Time:</b>	23 Apr 2021 @ 1011
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	O'NEIL-DOMINGUEZ,KIARA
<b>Co-signed By:</b>	O'NEIL-DOMINGUEZ,KIARA
<b>Date/Time Signed:</b>	23 Apr 2021 @ 1019

## Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: APR 23, 2021@10:11 ENTRY DATE: APR 23, 2021@10:11:41

AUTHOR: O'NEIL-DOMINGUEZ,KI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Walk in visit

MSA Same Day Care: Unscheduled Visit

From: Walk-In

Visit

Reason: Health Concern// right thumb sidewall bleeding "something stuck in there"

Disposition

To: Other

/es/ O'NEIL-DOMINGUEZ,KIARA

Signed: 04/23/2021 10:19

<b>Date/Time:</b>	22 Apr 2021 @ 0956
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	HOLLOW,NYX ALIXANDIR
<b>Co-signed By:</b>	HOLLOW,NYX ALIXANDIR
<b>Date/Time Signed:</b>	22 Apr 2021 @ 1002

#### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: APR 22, 2021@09:56:11 ENTRY DATE: APR 22, 2021@10:02:39

AUTHOR: HOLLOW,NYX ALIXANDI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: MESSAGE LEFT

Type of call: CALL BACK.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Pt called requesting letter excusing him from work due to having to quarantine after his daughter was exposed to COVID-19. Pt states he needs to have letter by 04/23/2021. Pt requesting call back today 04/22/2021 if possible to confirm that he will be able to get letter.

Pt scheduled for TAP with PCP 04/23/2021 @1530 to discuss additional

information. Best number: [REDACTED]

Author: GLATT,MARY E

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 4/22/2021 @ 9:56:11 AM

Ending at: 4/22/2021 @ 10:02:05 AM

Length: 5 minutes.

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ MARY E GLATT

Signed: 04/22/2021 10:02

Receipt Acknowledged By:

04/22/2021 10:32 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

04/22/2021 10:07 /es/ James B. Painter, RN

RN Case Manager, Primary Care Clinic

for SHEARON JONES

05/06/2021 12:12 /es/ Rima Oleynik, LVN

Licensed Vocational Nurse, Primary Care

04/22/2021 ADDENDUM STATUS: COMPLETED

RN CM, ok to write letter for quarantine, please follow up with patient on dates

needed. Thanks.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 04/22/2021 10:32

Receipt Acknowledged By:

04/22/2021 14:10 /es/ James B. Painter, RN

RN Case Manager, Primary Care Clinic

**Date/Time:** 14 Oct 2020 @ 0826

**Note Title:** Care Management Nursing Note

**Location:** No CA Healthcare Sys-Martinez

**Signed By:** JONES,SHEARON

**Co-signed By:** JONES,SHEARON

**Date/Time Signed:** 14 Oct 2020 @ 0834

#### Note

LOCAL TITLE: Care Management Nursing Note

STANDARD TITLE: CARE MANAGEMENT NURSING NOTE

DATE OF NOTE: OCT 14, 2020@08:26 ENTRY DATE: OCT 14, 2020@08:26:49

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called patient and he was identified using 2/3 patient identifiers (full name, full soc sec number, birth date).

#### COVID-19 Telephone Follow-Up

Patient notified of negative COVID-19 test result.

##### Recommendations:

- Minimize contact with others until 24 hours after symptoms resolve.

##### Steps to prevent the spread of COVID-19:

- Stay at home except to get medical care that cannot be provided by a telephone or video visit.
- Get rest and stay hydrated.
- Call ahead before visiting your doctor.
- Wear a facemask if you are around others.
- Cover your coughs and sneezes.
- Clean your hands often.
- Keep a six-foot distance from others in your home, ideally in a separate room. Isolate in a private room, if available.
- Avoid sharing household items.
- Disinfect high touch surfaces daily, ideally with a product that kills cold and flu viruses.

Patient requests copy of COVID-19 test result for employer.

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 10/14/2020 08:34

##### Receipt Acknowledged By:

10/14/2020 10:15 /es/ Eleanor Bucaycay, MD  
Physician, Primary Care

<b>Date/Time:</b>	09 Oct 2020 @ 1524
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	KRUPA,SARAH MARIE
<b>Co-signed By:</b>	KRUPA,SARAH MARIE
<b>Date/Time Signed:</b>	09 Oct 2020 @ 1529

#### Note

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: OCT 09, 2020@15:24:26 ENTRY DATE: OCT 09, 2020@15:29:59

AUTHOR: KRUPA,SARAH MARIE EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

\*\*\* TCP Telephone Care Staff Note Has ADDENDA \*\*\*

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: MESSAGE LEFT

Type of call: CALL BACK.

The following identifiers were used to verify this patient: DOB.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

--Pt is requesting results for "COVID19 test"

Please email results so Pt may go back to work.

Please contact Pt.

Author: KRUPA,SARAH MARIE

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 10/09/2020 @ 3:24:26 PM

Ending at: 10/09/2020 @ 3:29:11 PM

Length: 4 minutes.

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ SARAH MARIE KRUPA

Medical Support Assistant

Signed: 10/09/2020 15:29

Receipt Acknowledged By:

10/23/2020 15:31 /es/ Eleanor Bucaycay, MD

Physician, Primary Care

10/14/2020 08:45 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

10/13/2020 ADDENDUM

STATUS: COMPLETED

Unable to reach patient. Left voicemail message asking that telephone call be returned.

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 10/13/2020 10:35

<b>Date/Time:</b>	06 Oct 2020 @ 1438
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	TKACHOVA,ANNA
<b>Co-signed By:</b>	TKACHOVA,ANNA
<b>Date/Time Signed:</b>	06 Oct 2020 @ 1443

**Note**

LOCAL TITLE: TCP Telephone Care Staff Note

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: OCT 06, 2020@14:38:48 ENTRY DATE: OCT 06, 2020@14:43:53

AUTHOR: TKACHOVA,ANNA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: \*OTHER

Type of call: INFORMATION.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

**Comments:**

pts job requires him to have paper work, proof that he had covid19 test done

today 10.06.20 in order to take him off a flight on 10.08.20

you can email it to 1RROSS@COMCAST.NET

or please contact pt as soon as possible

thank you -AT

Author: TKACHOVA,ANNA

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 10/06/2020 @ 2:38:48 PM

Ending at: 10/06/2020 @ 2:43:34 PM

Length: 4 minutes.

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ ANNA TKACHOVA

Signed: 10/06/2020 14:43

Receipt Acknowledged By:

12/09/2020 16:02 /es/ Eleanor Bucaycay, MD

Physician, Primary Care

10/08/2020 11:39 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

10/06/2020 16:09 /es/ KELLEY DAWN STEELE-SMITH

AMSA

<b>Date/Time:</b>	06 Oct 2020 @ 1221
<b>Note Title:</b>	Injections, Immunizations, Skin Tests
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	KRAFT,ERIC EDWARD
<b>Co-signed By:</b>	KRAFT,ERIC EDWARD
<b>Date/Time Signed:</b>	06 Oct 2020 @ 1223

#### Note

LOCAL TITLE: Injections, Immunizations, Skin Tests

STANDARD TITLE: IMMUNIZATION NOTE

DATE OF NOTE: OCT 06, 2020@12:21 ENTRY DATE: OCT 06, 2020@12:21:36

AUTHOR: KRAFT,ERIC EDWARD EXP COSIGNER:

URGENCY: STATUS: COMPLETED

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

The seasonal influenza vaccine VIS given to the patient:

VIS version date Aug 15,2019.

The patient received seasonal influenza vaccine today - Influenza, Quadrivalent preservative free (Fluarix) 0.5 ml IM today in Left Deltoid.

Manufacturer: GlaxoSmithKline

Lot # and Expiration Date: Fluarix; Lot# 9S4K5; Expires: 6/30/21

Administered by protocol/policy

Complications: None

Influenza vaccine administered by: Jiminez, Justin LVN

Credentials: LPN

/es/ Eric Kraft, LVN  
 Primary Care  
 Signed: 10/06/2020 12:23

<b>Date/Time:</b>	06 Oct 2020 @ 1030
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	SHEKHAR,RONIKA DEVI
<b>Co-signed By:</b>	SHEKHAR,RONIKA DEVI
<b>Date/Time Signed:</b>	06 Oct 2020 @ 1031

#### Note

LOCAL TITLE: Medical Clerk Note  
 STANDARD TITLE: COMMUNICATION NOTE  
 DATE OF NOTE: OCT 06, 2020@10:30 ENTRY DATE: OCT 06, 2020@10:30:42  
 AUTHOR: SHEKHAR,RONIKA DEVI EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

Walk in visit  
 MSA Same Day Care: Unscheduled Visit  
 From: Walk-In  
 Visit  
 Reason: Health Concern on demand  
 Disposition  
 To: Nurse

/es/ RONIKS SHEKHAR SHEKHAR  
 medical support assistan  
 Signed: 10/06/2020 10:31

<b>Date/Time:</b>	06 Oct 2020 @ 0833
<b>Note Title:</b>	TCP Telephone Care Staff Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	DIANGELO,AMELIA DARAY
<b>Co-signed By:</b>	DIANGELO,AMELIA DARAY
<b>Date/Time Signed:</b>	06 Oct 2020 @ 0835

#### Note

LOCAL TITLE: TCP Telephone Care Staff Note  
 STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE  
 DATE OF NOTE: OCT 06, 2020@08:33:39 ENTRY DATE: OCT 06, 2020@08:35:22  
 AUTHOR: DIANGELO,AMELIA DAR EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED



\*\*PATIENT called in for ROSS,ROBERT ALLEN (387725153) Phone: 9162842402.

Contact Phone Number: 9162842402

Caller Area: MCCLELLAN

Caller Response: \*OTHER

Type of call: SYMPTOM.

The following identifiers were used to verify this patient: DOB. SSN.

Class Code: Other specified counseling.

Chief Complaint: Not applicable to call.

Comments:

Vet was covis tested 9/15 but said that his daughter has come down with SX of covid and they are waiting on her results to come back.. He doesn't have any SX

but said that he wants ti come into NSAC to have another test done this am. Vet can be reached at 916 284 2402

Author: DIANGELO,AMELIA DARAY

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).

Starting at: 10/06/2020 @ 8:33:39 AM

Ending at: 10/06/2020 @ 8:35:16 AM

Length: 1 minutes.

Patient's Email Address: 1RROSS@COMCAST.NET

/es/ Amelia Darya Diangelo

Martinez Call Center (MSA)

Signed: 10/06/2020 08:35

Receipt Acknowledged By:

10/20/2020 14:59 /es/ Eleanor Bucaycay, MD

Physician, Primary Care

10/06/2020 10:19 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

<b>Date/Time:</b>	17 Sep 2020 @ 1404
<b>Note Title:</b>	Nursing Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	OLEYNIK,RIMA
<b>Co-signed By:</b>	OLEYNIK,RIMA
<b>Date/Time Signed:</b>	17 Sep 2020 @ 1409

**Note**

LOCAL TITLE: Nursing Note

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: SEP 17, 2020@14:04 ENTRY DATE: SEP 17, 2020@14:04:44

AUTHOR: OLEJNIK,RIMA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Pt identified by their DOB, first and last name.

COVID-19 Telephone Follow-Up

Patient notified of negative COVID-19 test result.

Recommendations:

- Minimize contact with others until 24 hours after symptoms resolve.

Steps to prevent the spread of COVID-19:

- Stay at home except to get medical care that cannot be provided by a telephone or video visit.
- Get rest and stay hydrated.
- Call ahead before visiting your doctor.
- Wear a facemask if you are around others.
- Cover your coughs and sneezes.
- Clean your hands often.
- Keep a six-foot distance from others in your home, ideally in a separate room. Isolate in a private room, if available.
- Avoid sharing household items.
- Disinfect high touch surfaces daily, ideally with a product that kills cold and flu viruses.

/es/ Rima Oleynik, LVN

Licensed Vocational Nurse, Primary Care

Signed: 09/17/2020 14:09

**Date/Time:** 17 Sep 2020 @ 0838**Note Title:** Primary Care Interim Note**Location:** No CA Healthcare Sys-Martinez**Signed By:** BUCAYCAY,ELEANOR**Co-signed By:** BUCAYCAY,ELEANOR**Date/Time Signed:** 12 Jan 2021 @ 0805**Note**

LOCAL TITLE: Primary Care Interim Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: SEP 17, 2020@08:38 ENTRY DATE: SEP 30, 2020@08:38:36

AUTHOR: BUCAYCAY,ELEANOR EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Here today for ffup. He has the chronic cough, Not on any meds. Allergy to dairy is the only allergy he is aware of. He has nasl/sinus issues. Was never seen by ENT. Nonsmoker. Denies any GERD issues.

Computerized Problem List is the source for the following:

- |   |          |                |
|---|----------|----------------|
| 1. Knee pain  | 08/26/20 |                |
| BUCAYCAY,ELEANO   |          |                |
| 2. Depressive episode   | 08/31/15 | WEBER,DIANE    |
| ELL   |          |                |
| 3. General Anxiety  | 08/31/15 | WEBER,DIANE    |
| ELL   |          |                |
| 4. Varicose veins of lower extremity (SNOMED CT 72866009)                   | 08/04/14 | TAYLOR,JEFFERY |
| 5. Impaired Fasting Glucose (ICD-9-CM 790.21)                               | 04/24/13 |                |
| DOCTOR,FEDERICO   |          |                |
| 6. GERD * (ICD-9-CM 530.81)   | 04/24/13 |                |
| DOCTOR,FEDERICO   |          |                |
| 7. DJD, Knee/Lower Leg  | 03/04/13 | TAYLOR,JEFFERY |
| 8. CMP INT ORT DEV/GFT NOS  | 03/04/13 | TAYLOR,JEFFERY |
| 9. Low Back Pain * (ICD-9-CM 724.2)   | 08/09/12 |                |
| DOCTOR,FEDERICO   |          |                |
| 10. Hearing loss * (ICD-9-CM 389.9)   | 05/24/10 |                |
| DOCTOR,FEDERICO   |          |                |
| 11. Hyperlipidemia  | 06/30/08 | WOO,JOSEPH C   |
| 12. Pain in joint involving lower leg (ICD-9-CM 719.46)                     | 06/27/08 | WOO,JOSEPH C   |
| 13. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) | 06/27/08 | WOO,JOSEPH C   |

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) IBUPROFEN 800MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY - FOR PAIN OR INFLAMMATION.	ACTIVE
Vitals - most recent BMI: 25.4	
Height: 68 in [172.7 cm] (07/26/2019 13:37)	
Weight: 167 lb [75.9 kg] (09/15/2020 12:27)	
Temp: 98.1 F [36.7 C] (09/15/2020 12:27)	
Pulse: 66 (09/15/2020 12:27)	
Resp: 16 (09/15/2020 12:27)	
BP: 128/74 (09/15/2020 12:27)	
O2 Sat: No data available for PULSE OXIMETRY	
Gen: obese, nad, normal gai, no AD	
Neck: no jvd, nomasses. no LN palpated	
Heart:rrr, n0o m	
Lungs:clear to a, no crackles or wheezes	
Abd: soft, no masses, no tendernwes	

Ext: no edema:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
08/20/2020 10:35	BLOOD	5.1	15.7	46.7	89.0	33.6	307
07/25/2019 10:35	BLOOD	4.7 L	16.1	47.0	88.7	34.3	332

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL	CO2
08/20/2020 10:35	PLASMA	117	19	1.10	134 L	4.1	99	24
07/26/2019 14:54	PLASMA	100	21	1.03	132 L	4.6	99	26

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL	CO2
08/20/2020 10:35	PLASMA	117	19	1.10	134 L	4.1	99	24
07/26/2019 14:54	PLASMA	100	21	1.03	132 L	4.6	99	26

A/P:

/es/ Eleanor Bucaycay, MD

Physician, Primary Care

Signed: 01/12/2021 08:05

<b>Date/Time:</b>	15 Sep 2020 @ 1435
<b>Note Title:</b>	Screening Covid
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	SUBA,LETICIA P
<b>Co-signed By:</b>	SUBA,LETICIA P
<b>Date/Time Signed:</b>	15 Sep 2020 @ 1438

## Note

LOCAL TITLE: Screening Covid

STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT

DATE OF NOTE: SEP 15, 2020@14:35 ENTRY DATE: SEP 15, 2020@14:35:19

AUTHOR: SUBA,LETICIA P EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Coronavirus Disease 2019 (COVID-19) Screen

The patient reports no COVID-19 diagnosis.

The patient reports not waiting for the results of a COVID-19 lab test.

The patient reports no fever.

The patient reports no new or worsening cough or shortness of breath.

The patient reports no cold or flu-like symptoms.

The patient reports no new onset of diarrhea, nausea or vomiting.

The patient reports no new onset of headache, loss of taste or loss of smell.

The patient reports no exposure to someone with COVID-19 within the past 2 weeks.

Result:

Screen is negative.

#### COVID-19 Swab Testing

Swab completed for Covid-19

Pre-op /other: vet works as a flight crew, needing COVID-19 test for his work. Swabbed by Peggy,RN

Plan: Post Swab Instructions Reviewed, Home Care Instructions Reviewed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care.

Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

/es/ Leticia P. Suba,RN,BSN

Nursing Service

Signed: 09/15/2020 14:38

Receipt Acknowledged By:

12/31/2020 13:30 /es/ Eleanor Bucaycay, MD

Physician, Primary Care

09/16/2020 09:23 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

<b>Date/Time:</b>	15 Sep 2020 @ 1338
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	SHEKHAR,RONIKA DEVI
<b>Co-signed By:</b>	SHEKHAR,RONIKA DEVI
<b>Date/Time Signed:</b>	15 Sep 2020 @ 1339

#### Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: SEP 15, 2020@13:38 ENTRY DATE: SEP 15, 2020@13:39:10

AUTHOR: SHEKHAR,RONIKA DEVI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Walk in visit

MSA Same Day Care: Unscheduled Visit

From: Walk-In

Visit

Reason: Health Concern PUI

Disposition

To: Nurse PEGGY CM

/es/ RONIKS SHEKHAR SHEKHAR

medical support assistan

Signed: 09/15/2020 13:39

<b>Date/Time:</b>	15 Sep 2020 @ 1223
<b>Note Title:</b>	Preventive Health Screen 11514
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	OLEYNIK,RIMA
<b>Co-signed By:</b>	OLEYNIK,RIMA
<b>Date/Time Signed:</b>	15 Sep 2020 @ 1245

**Note**

LOCAL TITLE: Preventive Health Screen 11514

STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO

DATE OF NOTE: SEP 15, 2020@12:23 ENTRY DATE: SEP 15, 2020@12:23:36

AUTHOR: OLEYNIK,RIMA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

## Clinical Reminders:

## Tobacco Use Screening:

The patient has never used tobacco.

## Alcohol Use Screen (AUDIT-C):

## Alcohol Screen:

## SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=2).

1. How often did you have a drink containing alcohol in the past year?

Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3. How often did you have six or more drinks on one occasion in the past year?

Never

Patient had a negative AUDC score and does not require a follow-up

## Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not

able to access more food or have the money to buy more food?

No - No Food shortage

#### Depression Screening:

PHQ-2+I9

Depression Screening Score: 2

The score on this administration is 2, which indicates a negative screen on the Depression Scale over the past two weeks.

Suicide Screening Score: 0

The results of this administration indicates a NEGATIVE primary screen for Risk of Suicide over the last 2 weeks.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Several days

2. Feeling down, depressed, or hopeless

Several days

3. Thoughts that you would be better off dead or of hurting yourself in some way

Not at all

#### Emotional Health Screening:

The Veteran states they have worry or stress in their life.

Source of concerns:

work related stress

Acknowledged Veterans concerns about their emotional health. stress.

#### Vitals:

Most recent VS: Wt. 167 lb [75.9 kg] (09/15/2020 12:27)

BP 128/74 (09/15/2020 12:27)

HR 66 (09/15/2020 12:27)

Temp 98.1 F [36.7 C] (09/15/2020 12:27)

BMI 25.4

#### Nutrition Screening:

Most recent measurements:

Measurement DT WEIGHT

LB(KG)[BMI]

09/15/2020 12:27 167(75.75)[25]

07/26/2019 13:37 165(74.84)[25]

08/17/2015 11:24 164(74.39)[25]

07/18/2014 13:34 162(73.48)[25]

Ht. 68 in [172.7 cm] (07/26/2019 13:37)

BMI 25.4

/es/ Rima Oleynik, LVN  
 Licensed Vocational Nurse, Primary Care  
 Signed: 09/15/2020 12:45

<b>Date/Time:</b>	26 Aug 2020 @ 1016
<b>Note Title:</b>	Primary Care Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	BUCAYCAY,ELEANOR
<b>Co-signed By:</b>	BUCAYCAY,ELEANOR
<b>Date/Time Signed:</b>	26 Aug 2020 @ 1025

#### Note

LOCAL TITLE: Primary Care Note  
 STANDARD TITLE: PRIMARY CARE NOTE  
 DATE OF NOTE: AUG 26, 2020@10:16 ENTRY DATE: AUG 26, 2020@10:16:27  
 AUTHOR: BUCAYCAY,ELEANOR EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

I have never seen the patient in the past. Last seen by Dr. Wilson.  
 He has 3 things he wants to be checked. Has chronic knee pain: worsening due to the pain  
 FMLA papers to be completed.  
 He has an exposure to COVID as he works in the planes and was in Hongkong in Dec.  
 In Jan Had been sick but recovered fast.

A/P:

1. Knee pain: x-rays ordered. Consider Ortho
2. COVID exposure: antibody test requested
3. FMLA to be addressed

/es/ Eleanor Bucaycay, MD  
 Physician, Primary Care  
 Signed: 08/26/2020 10:25

<b>Date/Time:</b>	13 Aug 2020 @ 1132
<b>Note Title:</b>	Patient Appointment Reminder Letter
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	STEELE-SMITH,KELLEY DAWN
<b>Co-signed By:</b>	STEELE-SMITH,KELLEY DAWN
<b>Date/Time Signed:</b>	13 Aug 2020 @ 1133

#### Note



LOCAL TITLE: Patient Appointment Reminder Letter

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: AUG 13, 2020@11:32 ENTRY DATE: AUG 13, 2020@11:32:16

AUTHOR: STEELE-SMITH,KELLEY EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

AUG 13, 2020

ROBERT ALLEN ROSS  
[REDACTED]

Dear Mr. ROSS:

You have scheduled a VA Video Connect visit with your health care provider:

08/25/2020 @ 2:00 Nsac VVC Pact Green

On the day of your VVC appointment with your PCP, Eleanor Bucaycay MD

Visit the website.

Go to the VA Video Connect page on the VA App Store website at  
[mobile.va.gov/app/va-video-connect](https://mobile.va.gov/app/va-video-connect).

Get set up.

For Apple mobile devices (iPhone, iPad, or iPod Touch): Search for  
and download the "VA Video Connect" app from the Apple App Store

Test your device.

Open an internet browser and go to [mobile.va.gov/app/va-video-connect](https://mobile.va.gov/app/va-video-connect).  
connect. Once on the page, select "visit the VA Video Connect test  
site" to

make sure your device's camera and microphone are fully functioning.

If you would like to practice using the app before your appointment,  
ask your VA care team for a practice session.

Join your visit.

A few minutes before your video visit, find the appointment email  
from "donotreply@mobilehealth.va.gov" and select the appointment link  
to join

your session. In some cases, you will be directed to a virtual waiting room  
before your session begins.

Having technical difficulty? Contact the National Telehealth Technology Help  
Desk.

Call 866-651-3180 or 703-234-4483, Monday through Saturday, 7 a.m. ?  
11 p.m. Eastern time

Thank you for the opportunity to serve you.

Sincerely,  
Primary Care Clinic  
Northern California Health Care System  
Department of Veterans Affairs  
Bldg.98  
5342 Dudley Blvd.  
McClellan Park, CA 95652-1074  
Thank you for the opportunity to serve you

Sincerely,

/es/ KELLEY DAWN STEELE-SMITH  
ASA

Patient Record Number 7366310

<b>Date/Time:</b>	15 Jul 2020 @ 0948
<b>Note Title:</b>	Medical Clerk Note
<b>Location:</b>	No CA Healthcare Sys-Martinez
<b>Signed By:</b>	STEELE-SMITH,KELLEY DAWN
<b>Co-signed By:</b>	STEELE-SMITH,KELLEY DAWN
<b>Date/Time Signed:</b>	15 Jul 2020 @ 0950

#### Note

LOCAL TITLE: Medical Clerk Note  
STANDARD TITLE: COMMUNICATION NOTE  
DATE OF NOTE: JUL 15, 2020@09:48 ENTRY DATE: JUL 15, 2020@09:48:52  
AUTHOR: STEELE-SMITH,KELLEY EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Phone Call  
WHO IS CALLING: Patient

REASON FOR CALL:pt called to reschedule his appointment to August needs to  
have blood work added. Per pt don't need to call him back

TIME PATIENT WILL BE HOME FOR RETURN CALL: Jul 15,2020@15:00

MESSAGE MAY BE LEFT WITH: Patient

CALLER'S MOOD: Calm

DISPOSITION: Note forwarded to RN

ADDRESS:

[REDACTED]

AGE: 60 y.o.

PCP:

FUTURE APPOINTMENT(S):

MAS CLINIC VISITS FUTURE

08/25/2020 14:00 NSAC PACT GREEN

Letter Reminders

RECALL DATE CLINIC

No data available

/es/ KELLEY DAWN STEELE-SMITH

MSA

Signed: 07/15/2020 09:50

Receipt Acknowledged By:

07/15/2020 10:36 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

## *Self Reported Medical Events*

<b>Source:</b> Self-Entered
No information was available that matched your selection.

## VA Immunizations/Vaccinations

<b>Source:</b>	VA
<b>Last Updated:</b>	
Your VA immunizations/vaccinations list may not be complete. If you have questions about your vaccinations, contact your VA health care team.	

This section shows your five most recent vaccination records.	
<b>Sorted By:</b>	Date Received (Descending)

Immunization	Date Received
COVID-19 (MODERNA), MRNA, LNP-S, PF, 100 MCG/0.5ML DOSE OR 50 MCG/0.25ML DOSE	27 Mar 2021 @ 1200
COVID-19 (MODERNA), MRNA, LNP-S, PF, 100 MCG/0.5ML DOSE OR 50 MCG/0.25ML DOSE	27 Feb 2021 @ 1200
INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE	06 Oct 2020 @ 1040
TDAP	26 Jul 2019 @ 1330
TD(ADULT) UNSPECIFIED FORMULATION	--

This section shows all the vaccinations listed in your official VA health record, grouped by vaccination.	
<b>Sorted By:</b>	Immunization Name, then Date (Descending)

<b>Immunization:</b>	COVID-19 (MODERNA), MRNA, LNP-S, PF, 100 MCG/0.5ML DOSE OR 50 MCG/0.25ML DOSE	<b>Date Received:</b>	27 Mar 2021 @ 1200
<b>Location:</b>	NORTHERN CALIFORNIA HCS		
<b>Reaction:*</b>	None Reported		
<b>Comments:</b>	--		

<b>Immunization:</b>	COVID-19 (MODERNA), MRNA, LNP-S, PF, 100 MCG/0.5ML DOSE OR 50 MCG/0.25ML DOSE	<b>Date Received:</b>	27 Feb 2021 @ 1200
<b>Location:</b>	NORTHERN CALIFORNIA HCS		
<b>Reaction:*</b>	None Reported		
<b>Comments:</b>	--		

<b>Immunization:</b>	INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE	<b>Date Received:</b>	06 Oct 2020 @ 1040
<b>Location:</b>	ZZNSAC PACT IMMUNIZATION		
<b>Reaction:*</b>	None Reported		
<b>Comments:</b>	--		

<b>Immunization:</b>	TD(ADULT) UNSPECIFIED FORMULATION	<b>Date Received:</b>	--
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<b>Location:</b>	NORTHERN CALIFORNIA HCS
<b>Reaction:*</b>	None Reported
<b>Comments:</b>	--

<b>Immunization:</b>	TDAP	<b>Date Received:</b>	26 Jul 2019 @ 1330
<b>Location:</b>	NSAC PACT GREEN		
<b>Reaction:*</b>	None Reported		
<b>Comments:</b>	--		

Reaction Key: \* = Check your VA Allergies and Adverse Reactions record as well as your Self-Reported Allergies in My HealthVet. This may show an adverse reaction to a vaccination you received. If you have questions about your vaccinations, contact your VA health care team.

## *Self Reported Immunizations*

<b>Source:</b> Self-Entered
No information was available that matched your selection.

## VA Laboratory Results

<b>Source:</b>	VA
<b>Last Updated:</b>	31 Dec 2023 @ 1453
<b>Sorted By:</b>	Date Specimen Collected (Descending) then Time Specimen Collected
<p>VA test results are generally available to you 36 hours after the results are finalized. COVID-19 test results are available to you immediately after the results are finalized. When you review your test results, please remember that not all test results outside the reference range are clinically significant. You may be seeing a test result before your provider. Your provider will be reviewing your test results and may contact you with additional information. If you have questions, please call or message your provider or team.</p> <p>If you would like to talk to a mental health provider, please call your local facility for same day services (<a href="#">Same-Day Healthcare Services Search - VA Access to Care</a>) . If you are in crisis, please contact the Veterans Crisis Line for confidential intervention and support 24 hours a day, seven days a week, 365 days a year at 988 and Press 1, chat online at <a href="#">VeteransCrisisLine.net/Chat</a> , or send a message to 838255.</p>	

<b>Lab Test:</b>	Drug Screen Basic				
<b>Lab Type:</b>	Chemistry/Hematology			<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>	Urine (substance)			<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>	22 Sep 2023 @ 1125			<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
AMPHETAMINES	NEG	--	(NEG (Cutoff=1000ng/mL))	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
Interpretation:	<p>Highlights:</p> <p>A. Enzyme-Multiplied Immunoassay is typically the first test used to screen for drugs</p> <p>B. Confirmatory testing is required / considered when:</p> <ol style="list-style-type: none"> <li>1) Negative for prescribed opioid -immunoassay less/not sensitive for semisynthetic and synthetic opioids</li> <li>2) Negative for prescribed benzodiazepines - immunoassay less sensitive to clonazepam, lorazepam, and alprazolam</li> <li>3) Positive for prescription drugs not prescribed (benzodiazepines, opioids, stimulants.)</li> <li>4) Positive for illicit drugs (methamphetamine, cocaine, etc)</li> </ol> <p>- amphetamines are highly cross-reactive</p> <p>Positive screening results are unconfirmed and should not be used for non-medical purposes.</p> <p>Specimens for drugs of abuse are kept for 30 days if further testing/confirmation is required.</p>				
COCAINE	NEG	--	(NEG (Cutoff=300ng	Final	SACRAMENTO VA MEDICAL CENTER



					/mL))	10535 HOSPITAL WAY , MATHER, CA 95655-4200
CANNABINOIDS	NEG	--	(NEG (Cutoff=50ng /mL))	Final		SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
OPIATES	NEG	--	(NEG (Cutoff=300ng /mL))	Final		SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
Creatinine, Urine	41.8	mg/dl	(27-300)	Final		SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
OXYCODONE	NEG	--	(NEG (Cutoff=300 ng/mL))	Final		SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
<b>Comments:</b> --						
<b>Performing Location Name/Address:</b>						
SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200						

<b>Lab Test:</b>		Gen Chem Specimen				
<b>Lab Type:</b>		Chemistry/Hematology			<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>		Urine (substance)			<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>		22 Sep 2023 @ 1125			<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>	
APPEARANCE	Clear	--		Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200	
URINE COLOR	COLORLESS	--		Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200	
SPECIFIC GRAVITY	1.009	--	(1.003-1.035)	Final	SACRAMENTO VA MEDICAL CENTER	

10535 HOSPITAL  
WAY , MATHER,  
CA 95655-4200

UR. UROBILINOGEN	Negative	mg/dL	(0.2-1.0)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE BLOOD	Negative	--	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE BILIRUBIN	Negative	--	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE KETONES	Negative	mg/dL	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE GLUCOSE	Negative	mg/dL	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE PROTEIN	Negative	mg/dL	(NEGTRACE)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE PH	6.5	--	(5.0-8.0)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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URINE NITRITE	Negative	--	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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LEUKOCYTE ESTERASE	Negative	Leu/uL	(NEG)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
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Interpretation:	Reflex cultures are not performed on Urinalysis orders for future collection. If a culture is needed on this specimen, the laboratory must be notified within 48 hours of collection.
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Mather lab: 916-366-5373  
 Martinez lab: 916-372-2961  
 Redding lab: 530-226-7595  
 Oakland lab: 510-267-7532  
 Chico lab: 530-879-5024

**Comments:** Reagent strip does not indicate a microscopic exam.

**Performing Location Name/Address:**

SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200

<b>Lab Test:</b>		Troponin I POC			
<b>Lab Type:</b>		Chemistry/Hematology		<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>		Blood (substance)		<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>		22 Sep 2023 @ 0955		<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
TROPONIN-I (i-STAT)	0.01	ng/mL	(<0.04)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
Interpretation:		SEND CRITICAL SAMPLES TO MAIN LABORATORY FOR CONFIRMATION			
<b>Comments:</b>		Operator ID Britts Kelley Meter ID 379956			
<b>Performing Location Name/Address:</b>		SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200			

<b>Lab Test:</b>		D Dimer Quant~ACL 3000			
<b>Lab Type:</b>		Chemistry/Hematology		<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>		Plasma (substance)		<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>		22 Sep 2023 @ 0955		<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
D-DIMER	289	ng/mL FEU	(0-500)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
Interpretation:		Reference range for this assay (D-DIMER) changed 06/18/2018 Previous reference range: 6-450 ng/ml FEU. FEU=Fibrinogen Equivalent Units In the appropriate clinical setting a d-dimer level in the reference range largely rules out active intravascular thrombosis with a probability of >90%. Results of D-Dimer testing should be			

interpreted in conjunction with the patient's history and clinical presentation. Clinical diagnosis should not be based only on D-Dimer test results for exclusion of VTE (DTE or PE).

**Comments:** --

**Performing Location Name/Address:**

SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200

<b>Lab Test:</b>		Hemogram V~SYSMEX XE-2100			
<b>Lab Type:</b>		Chemistry/Hematology		<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>		Blood (substance)		<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>		22 Sep 2023 @ 0955		<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
WBC	9.1	K/cmm	(4.8-10.8)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
RBC	4.97	M/cmm	(4.7-6.1)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
HGB	15.2	g/dL	(14-18)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
HCT	44.8	%	(42-52)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MCV	90.1	fL	(80-99)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MCH	30.6	uug	(27-34)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MCHC	33.9	gm/dL	(31.8-35.3)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200

PLT	323	K/cmm	(130-400)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MPV	9.5	fL	(9.1-12.5)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
LYMPH %	16.5 Low	%	(20-51)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
LYMPH #	1.5	K/cmm	(1.2-3.4)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MONO %	7.6	%	(2.0-13.0)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
MONO #	0.7	K/cmm	(0.2-1.2)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
EOS %	0.9	%	(0.5-7.0)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
EOS #	0.1	K/cmm	(0.1-0.5)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
BASO %	0.4	%	(0-2.0)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
NEUT #	6.7	K/cmm	(1.5-7.9)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
NEUT %	74.3	%	(40-80)	Final	SACRAMENTO VA

					MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
BASO #	0.0	K/cmm	(0.0-0.2)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
IG #	0.0	K/cmm	(<0.4)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
IG %	0.3	%	(<4.9)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
RDW-SD	42.9	fL	(35.1-43.9)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
<b>Comments:</b> --					
<b>Performing Location Name/Address:</b>					
SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200					

<b>Lab Test:</b>		Ethanol			
<b>Lab Type:</b>		Chemistry/Hematology		<b>Ordering Provider:</b>	DOMA, ANAMIKA
<b>Specimen:</b>		Serum (substance)		<b>Ordering Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Date/Time Collected:</b>		22 Sep 2023 @ 0955		<b>Collected Location:</b>	SACRAMENTO VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
ALCOHOL (BLOOD)	<5	mg/dL	(<5)	Final	SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200
Interpretation: NORMAL: <5 = NONE DETECTED. LEGAL INTOXICATION: 80 mg/dl or 0.08%.					
<b>Comments:</b> --					
<b>Performing Location Name/Address:</b>					
SACRAMENTO VA MEDICAL CENTER 10535 HOSPITAL WAY , MATHER, CA 95655-4200					

<b>Lab Test:</b>		Hepatic Function Panel			
<b>Lab Type:</b>		Chemistry/Hematology		<b>Ordering</b>	DOMA, ANAMIKA